Telephones Nos. 020-27331200 020-27331333

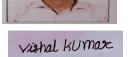
GRAM: NARI,PUNE FAX: 91-20-27121071 ICMR WEBSITE: www.nari-icmr.res.in EMAIL: establishment.nari@gmail.com



ICMR-NATIONAL AIDS RESEARCH INSTITUTE

(Indian Council of Medical Research)

Department of Health Research, (Ministry of Health & Family Welfare), Plot No. 73, 'G' Block, MIDC, Bhosari, Pune-



411 026.

(APPLICATION FORM FOR SCIENTIFIC POSTS)

Note: All answers must be given in words and not by dashes and dots. No columns should be left blank.

		Ap	oplication Id: 108041/N	ARI/22-23/T	
Name of the post applied for		Advertisement for various posts under Cohorts Project.(Attendant Cohort)			
1.Name in Full:Mr/Miss/Mrs/Dr.		VISHAL KUMAR			
Address (i) Permanent:		VILL-SAHRA, PO-MAPHO			
		PS-KORMA			
		PIN CODE-811102			
Address (ii) Present:		VILL-SAHRA, PO-MAPHO			
		PS-KORMA			
		PIN CODE-811102			
Contact Telephon	e No		Mobile No. 878	39398979	
E-mail Address :	Vishal8789398979@gmail.com				
Date of Birth :	01/08/1997		Caste Category: SC/ST		
Marital Status :	Unmarried		Nationality: INDIAN		
Gender:	ender: Male				
Physically Handica	aped: No				
Physically Handica	aped Details :				
Education De	tails:				
Examination Class			Subject Taken	Passing Year	
SSC	48.8		GENERAL	2013	
Diploma	63.8		MECHANICAL ENGINEERING	2018	

Employer Details:

Name Nature of Work Date of join Date of Leave Salary		
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References:

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's fitness for the post for which he is an applicant).

Reference #1	Name:	
	Occupation/Postion:	
	Address :	
Reference #2	Name :	
	Occupation/Postion:	
	Address:	
Reference #3	Name :	
	Occupation/Postion:	
	Address :	
		<u> </u>

Additional Information:

DECLARATION

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Candidate Place:
Date: